



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
8490 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32508-5204

IN REPLY REFER TO

NETPDTCINST 1800.1B
OOR

19 DEC 2003

NETPDTCINST 1800.1B

Subj: **RETIREMENT AND FLEET RESERVE TRANSFERS**

Ref: (a) MILPERSMAN 3810200
(b) CNETINST 1650.1K - NETC Awards Program

Encl: (1) Sample Certificate of Commendation
(2) Fleet Reserve/Retirement Interview/Application Request Sheet
(3) Fleet Reserve Application/30-year Retirement Worksheet
(4) Preseparation Counseling Checklist DD Form 2648
(5) Retirement/Fleet Reserve Ceremony Checklist
(6) Transition Assistance Program Time Management Sheet
(7) National Museum of Naval Aviation Special Events/Facilities Utilization Request Form

1. **Purpose.** To issue guidance for retirement and Fleet Reserve transfers.

2. **Objective.** To fully recognize and properly honor individuals retiring from active military service or transferring to Fleet Reserve status.

3. **Cancellation.** NETPDTCINST 1800.1A.

4. **Revision.** Since this a complete revision marginal annotations have been omitted. This instruction should be read in its entirety.

5. **Discussion.** This command is fully committed to honor individuals transferring to the Fleet Reserve or Retired List per reference (a), and to maintain traditions of the United States Navy. Recognition will be in keeping with personal desires of the member and when appropriate, will include a ceremony and assembly of personnel to mark

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the retiree's final day on active duty; to render proper honors; and to bestow suitable awards, letters, certificates and mementos. Maximum command participation is a must in order to meet the intent and objectives of this instruction.

6. **Action.** Proper coordination, cooperation, and advance planning are necessary to conduct proper Retirement/Fleet Reserve Ceremonies. To that end, the following responsibilities are assigned:

a. Commanding Officer

(1) Institute procedures to ensure appropriate recognition is rendered to individuals transferring to the Fleet Reserve or Retired List.

(2) Will serve as presiding officer during ceremonies. If requested by the member, may also serve as the guest speaker.

b. Executive Officer

(1) Provide appropriate facilities to support ceremonies.

(2) Serve as primary assistant to the Commanding Officer during ceremonies.

(3) Preside over ceremonies in the absence of the Commanding Officer.

c. Command Master Chief

(1) When required, assist in resolving any problem that may interfere with a person's retirement/transfer to the Fleet Reserve. Actions may require internal and/or external command coordination.

(2) Present Retirement Creed for retiring Chief, Senior, and Master Chief Petty Officers.

d. Department Head

(1) Remain abreast of all actions required, completed, and pending. Assist with those actions as required.

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(2) Ensure appropriate Retirement Certificate of Commendation (enclosure (1)), and/or award nominations as outlined in ref (b) are submitted in sufficient time to be available for presentation at the ceremony.

(3) Ensure maximum command participation is obtained for each ceremony to properly recognize and to give appropriate respect to the individual retiring or transferring to the Fleet Reserve.

e. Code Leading Chief Petty Officer

(1) Assign a sponsor immediately after processing a Fleet Reserve/retirement request chit and advise the Command Master Chief of person assigned. The sponsor should be selected based on the desires of the retiree.

(2) Keep the department head advised of all progress and/or problems related to the retirement/Fleet Reserve transfer request. Assist with resolving problems, as required.

f. Command Career Counselor

(1) Brief the retiring member and sponsor(s) to ensure they fully understand their individual responsibilities (enclosures (2), (4), & (6)).

(2) Ensure all appropriate documents are prepared and submitted to the Commanding Officer/Executive Officer in accordance with established deadlines and returned for proper presentation (enclosure 2).

(3) Ensure all necessary arrangements, internal and/or external, are prepared and requests are submitted to the respective agency/command, to include: MCPON letter, Color Guard, Chaplain, photographer, Plan of the Week and marquee input (enclosure 5).

(4) If requested by the retiree, prepare a ceremony program to be distributed prior to the ceremony.

(5) Ensure all documents and material required at the ceremony are in place at least 30 minutes in advance.

(6) Serve as assistant during all presentations.

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g. Sponsor

(1) Serve as primary coordinator and focal point for all actions related to the retirement/Fleet Reserve transfer. When required, assist the Command Career Counselor with and track the status of all requirements as per enclosure (2).

(2) Obtain the names of guest speaker, side boys, bell ringer, boatswain's mate, and master of ceremonies (MC), if appropriate. Provide this information to the Command Career Counselor at least one month prior to the ceremony.

(3) Make arrangements with the appropriate command/office to have a flag flown/ordered if desired by the retiring member; or coordinate with the Command Duty Officer to have flag flown locally.

(4) If the ceremony is to be held at the National Museum of Naval Aviation, contact museum to secure date/time desired and submit Special Event Request Form at least 45 days in advance (enclosure 7).

(5) Coordinate with the Command Career Counselor to collect and store all awards, letters, certificates, mementos, etc, related to the ceremony.

h. Retiree

(1) Submit a Fleet Reserve Application Worksheet and special request chit for transfer to the Fleet Reserve or Retired List at least six months prior to, but no earlier than 18 months prior to the date requested (enclosure 3).

(2) Coordinate with the sponsor to ensure all necessary information is provided and all actions are completed.

(3) Keep appropriate personnel, especially the sponsor and the Command Career Counselor, advised of progress and problems.

(4) Attend the Transition Assistance Program (TAP) class at NAS Pensacola at least 6 - 12 months prior to

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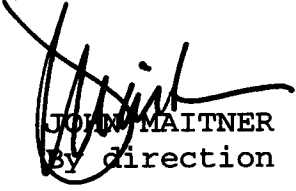
retirement date. Scheduling must be made through the Code Career Counselor or Command Career Counselor.

(5) Coordinate with Commanding Officer's secretary (OOS) at least 30 days prior to ceremony to schedule an interview with the CO to review ceremony itinerary.

(6) Complete the ARGUS survey sheet by logging on to www.bol.navy.mil.

i. President of CPOA

(1) Will present retiring CPOA members with their shadow box unless otherwise directed by the retiree.



JOHN MAITNER
By direction

Distribution: (NETPDTCINST 5216.1G)

Lists I, and II

Web Access: MAIN INDEX

<https://www.netpdtc.cnet.navy.mil/index.cfm/fuseaction/directive.home/index.cfm>

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CERTIFICATE OF COMMENDATION

Presented to

(Complete Rate and Name)

IN RECOGNITION FOR SERVICES AS SET FORTH HEREIN

On the occasion of your (retirement/transfer to the Fleet Reserve), I am pleased to commend you on behalf of the President, the Secretary of Defense, the Secretary of the Navy, and the Chief of Naval Operations for your outstanding performance, not only while here at Naval Education and Training Professional Development and Technology Center, but throughout your Navy career.

During your _____ years of naval service, you have successfully met the challenges and demands of a wide variety of assignments. Your sea tours included

Your shore tours included _____

While at Naval Education and Training Professional Development and Technology Center, you were assigned to the _____ Branch of the Navy Advancement Department. Your performance as the _____ has been truly outstanding.

You can be justifiably proud of your important and valuable contributions. For your dedication throughout your naval career you have been awarded the (list awards in order of precedence).

It is indeed a pleasure to wish you "fair winds and following seas" on your (retirement/transfer to the Fleet Reserve). You have earned the traditional Navy "Well Done!" On behalf of the members of this command and the United States Navy, I wish you every success in the future.

G.B. DYE
Captain, U. S. Navy
Commanding Officer

(Submit this letter to the Military Support Office at least two weeks prior to requested ceremony date.)

Enclosure (1)

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FLEET RESERVE/RETIREMENT INTERVIEW/APPLICATION REQUEST SHEET (PRINT ALL INFORMATION LEGIBLY) Page 1

~~SECTION 3 (SPECIAL REQUESTS) NOT REQUIRED WITH THIS FORM~~

LAST NAME, FIRST, MI, RATE (DESIGNATOR), SSN	DEPT:	DIV:	PHONE
FLEET RESERVE/RETIREMENT DATE REQUESTED:	DATE OF INITIAL ENLISTMENT:	# YEARS OF SERVICE	DATE REQUESTED TO DETACH FROM COMMAND

RETIREMENT CEREMONY REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF CEREMONY (As Applicable):
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ADSD:	EAOS/EXTENSION: / MONTHS OF EXTENSION (As Applicable)	PRD:
-------	--	------

SPOUSE'S FULL NAME: (If Applicable)	MEPS STATION (CITY/STATE/COUNTRY [IF OCONUS])
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ETHNIC GROUP	RECRUIT TRAINING LOCATION:
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GOVERNOR'S LETTER FROM THE STATE OF (Provide either Home of Record/State in which you will reside)

WARFARE DESIGNATORS (Circle ALL that apply)

SW AW MTS SS CC SEAL EOD DV MDV SCW FMF PJ

CHILD'S FULL NAME:	CHILD'S FULL NAME:
CHILD'S FULL NAME:	CHILD'S FULL NAME:

LIST OF COMMANDS: (List from first to last). JUST INCLUDE commands PCS to. NO ABBREVIATIONS OR ACRONYMS PLEASE!! For ships, list name and hull number. For shore commands, list name and location.

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

LIST OF AWARDS: (List all NAVY awards in order of precedence. Include any/all gold/bronze stars (e.g., Good Conduct Medal with Three Bronze Stars)).

1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

I Certify the information contained on Page 1 is correct to the best of my knowledge. I will inform my Division/Department Career Counselor if there are any changes.

Signature/Date: _____/_____

Enclosure (2)

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CODE CAREER COUNSELOR USE ONLY

RETIREMENT PHYSICAL (STARTED)	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAT/TWLT/WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTACT RELIEF REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	a) Does member require MIN Activity Tour waiver or PRD adjustment? Adjust to: _____	
RETIREMENT DATE REQUESTED	____ / ____ / ____ YR MM DD	b) For 30-yr retirement requesting Twilight Tour enter "YES"	
CANCEL PREVIOUS REQUEST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO
REASON: (M=Member, O=Other)		REVW-HERO-BENE	<input type="checkbox"/> YES <input type="checkbox"/> NO
USNR (Is the Member?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	(Does mbr require record review for consideration of entitlement benefits of extraordinary heroism?)	
SOFT EAOS REQ TIME (MBR EAOS IS BEFORE REQ DATE AND MBR HAS EXECUTED EXTENSION?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS LEAVE REQUESTED (i.e., 060)	_____
TAR (Is MBR TAR?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS OF PTDY REQUESTED (i.e., 020)	_____
		NOTE: Mbr can request 030 days if member's home of record is Overseas and member will retire Overseas.	

Y / N	LPO	_____	Y / N	MSO	_____
Y / N	LCPO	_____	Y / N	OOE	_____
Y / N	N34	_____	Y / N	XO	_____
Y / N	N3	_____	Y / N	CO	_____

CC verified that service member is eligible for FLTRES/Retirement

INITIALS/DATE

PRIVACY ACT STATEMENT

THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301, DEPARTMENTAL REGULATIONS. THE PRINCIPLE PURPOSE OF THIS INFORMATION IS TO ENABLE YOU TO MAKE KNOWN DESIRE FOR TRANSFER TO FLEET RESERVE. THIS INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING YOUR REQUEST FOR FLEET RESERVE. COMPLETION OF THIS FORM IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY IMPACT YOUR APPROVAL.

SIGNATURE OF APPLICANT: _____ DATE: _____

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FLEET RESERVE APPLICATION/30 YEAR RETIREMENT
WORKSHEET/INSTRUCTIONS
OPINS FORMAN

Screen 1

OPINS FORMAN UPDATE ENCORE/REQUEST DATA SCREEN (UNA)

SSN: _____

NAME: _____
(Write first 4 letters of last name)

FORMAN PROGRAM: _____
(M = FLETRES P = 30-yr retirement)

PPSUIC: 43081

DTG: (leave blank, press TAB.)

SCHD PHYSICAL: _____
(Member has started physical: Y or N)

READ SECNAVINST: (leave blank, press TAB)

CONTACT RELIEF: _____
(Is contact relief reqrd for this mbr: Y or N)

COMPL REQD TIME: (leave blank, press TAB)

RETIREMENT DATE: _____
(FLTRES date must be LAST day of the month)
(Retirement date must be FIRST day of the month)

CANCEL REQ: _____
(Enter Y to cancel a previously submitted request, if not leave blank)

REASON: _____
(If answer to Cancel Req is Y enter M(mbr reqsted cancellation) or O (other)

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FLEET RESERVE APPLICATION/30 YEAR RETIREMENT
WORKSHEET/INSTRUCTIONS/OPINS FORMAN

Screen 2

OPINS FORMAN UPDATE PROGRAM/REQUEST DATA SCREEN (UNC)

GOOD CONDUCT:(leave blank, press TAB)

SUBSTANCE ABUSE CODE:(leave blank, press TAB)

DATES:(leave blank, press TAB)

MISCONDUCT HISTORY:(leave blank, press TAB)

DATES: (leave blank, press TAB)

USNR: _____

(Enter Y or N if member is USNR or not)

SEAOS REQD TIME: _____

(Enter Y or N to signify if the mbr's EAOS is before the requested FLTRES/Ret. date and mbr has executed an extension of enlistment)

USN: (leave blank, press TAB)

TAR: _____

(Enter Y or N if member is a TAR or not)

MAT/TWLT/WAVER: _____

(Enter Y or N if member requires a Minimum Activity Tour waiver or if the mbr requires a PRD adjustment)

PRIOR SERVICE: _____

(Enter Y or N if member has prior service)

(If Y for Yes, forward documentation including dates to Pers-273)

HERO BENES REV: _____

(Enter Y or N to signify if mbr requests review of records for consideration of entitlement to benefits of extraordinary heroism)

DAYS LEAVE: _____

(Enter no. of days leave requested in three digits. If mbr does not intend to take any leave, enter three zero's)

PERMISSIVE TDY: _____

(Enter no. of days Permissive TDY requested in three digits. If mbr does not intend to take any TDY, enter three zeros)

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FLEET RESERVE/30 YEAR RETIREMENT
WORKSHEET/INSTRUCTIONS
OPINS FORMAN

Screen 3

OPINS ENCORE UPDATE COMMENTS (UN4) SCREEN

Enter RT YES if CO recommends Retirement
Enter RT NO if CO does not recommend.

Remarks

(Do not exceed 40 positions of remarks)

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PRESEPARATION COUNSELING CHECKLIST

(Please read Privacy Act Statement below before completing this form.)

SECTION 1 – PRIVACY ACT STATEMENT**AUTHORITY:** 10 USC 1142, E.O. 9397.

PRINCIPAL PURPOSE (S): To record preseparation services and benefits requested by and provided to Service members; to identify Preseparation counseling areas of interest as a basis for development of an individual Transition Plan (ITP). The signed preseparation Counseling checklist will be maintained in the Service members official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II – PERSONAL INFORMATION (to be filled out by all applicants)

1. NAME (Last, First, Middle Initial)		2. SSN	3. GRADE
4. SERVICE	5. DUTY STATION	6. EXPECTED SEPARATION DATE (YYYYMMDD)	7. DATE CHECKLIST PREPARED (YYYYMMDD)

Section III. ALL TRANSITIONING SERVICE MEMBERS MUST READ AND SIGN.

I was offered preseparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC 1142.

☐ accept ☐ decline (X appropriate block) further transition assistance counseling. (If you declined further transition assistance Counseling, sign and date.) I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).

8a. SERVICE MEMBER SIGNATURE	b. DATE (YYYYMMDD)	9a. TRANSITION COUNSELOR SIGNATURE	b. DATE (YYYYMMDD)
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SECTION IV. Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified.

	SERVICEMEMBER			SPOUSE			REFERRED TO (input is optional)
	YES	NO	N/A	YES	NO	N/A	
10. EFFECTS OF A CAREER CHANGE							FFSC Transition Staff
11. EMPLOYMENT ASSISTANCE							
a. Dept. of Labor sponsored Transition Assistance Workshops and Service sponsored transition Seminars/ Workshops							FFSC Transition Staff
b. Use of DD Form 2586 (Verification of Military Experience and Training)							FFSC Transition Staff
(1) Do you want a copy of your Verification of Military Experience and Training?							Documents can be obtained from your FFSC Transition staff.
c. DoD Job Search Web Site: dod.jobsearch.org							http://dod.jobsearch.org
d. Transition Bulletin Board (TBB) and Public and Community Service Opportunities							http://www.dmdc.osd.mil/ot
e. Teachers and Teacher's Aide Opportunities/Troops to Teachers							http://voled.doded.mil/dantes/ttt
f. Federal Employment Opportunities							http://www.opm.gov ; http://www.donhr.navy.mil/
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (Eligible Involuntary Separates)							http://dodtransportal.org
h. State Employment Agencies/America's Job Bank							http://www.ajb.dni.us/
12. RELOCATION ASSISTANCE * NOTE: Status of Forces Agreement limitations apply for overseas Service members.							
a. Permissive (TDY/TAD) and Excess leave							Command Career Counselor/Personnel Office
* b. Travel and transportation allowances							Personal Property Office; Naval Reserve CARIT
13. EDUCATION/TRAINING							
a. Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)							1-800-962-1425; 1-800-827-1000 or visit http://www.va.gov
b. Workforce Investment Act (VIA)							http://www.doleta.gov/usworkforce/
c. Additional education or training options							Command Career Counselor

DD FORM 2648, JUL 2002

PREVIOUS EDITION MAY BE USED

Enclosure (4)

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PRESEPARATION COUNSELING CHECKLIST SECTION IV (Continued)		NAME (Last, First, Middle Initial)						SSN
		SERVICE MEMBER			SPOUSE			REFERRED TO (input is optional)
		YES	NO	N/A	YES	NO	N/A	
13. EDUCATION/TRAINING (continued)								
d. Licensing and Certification Information (www.umet-vets.dol.gov)								http://www.umet-vets.dol.gov
e. Defense Activity for Non-Traditional Educational Support (www.voled.doded.mil/)								http://www.voled.doded.mil Local Navy College Office
14. HEALTH AND LIFE INSURANCE								
a. 60-day or 120-day extended Military and limited Dental benefits (Eligible Involuntary Separates)								Health Benefits Advisor or http://www.tricare.osd.mil
b. Option to purchase 18-month conversion health insurance Concurrent pre-existing condition coverage with purchase of Conversion health insurance.								Continued Health Care Benefit Program (CHCBP) 1-800-809-6119
c. Veteran's Group Life Insurance								1-800-827-1000 or http://www.va.gov
15. FINANCES								
a. Financial Management (TSP, Retirement, SBP)								Command Financial Specialist; Financial Educator at FFSC; http://www.tsp.gov
b. Separation pay (Eligible Involuntary Separatee)								Personnel Office
c. Unemployment Compensation								State Employment Office
d. Other financial assistance (VA Loans, SBA Loans, and other government grants and loans).								http://www.va.gov http://www.sba.gov
16. RESERVE AFFILIATION								Naval Reserve CARIT Brief
17. DISABLED VETERANS BENEFITS								
a. Disabled Transition Assistance Program (DTAP)								FFSC Transition Staff; 1-800-827- 1000 or http://www.va.gov
b. VA Disability Benefits								Same as 17a.
18. INDIVIDUAL TRANSITION PLAN (ITP)								
a. As a separating Service member, after receiving the basic pre-separation information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an ITP and counseling based on the areas of interest you have identified on the checklist. The pre-separation checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of an ITP is to identify educational, training and employment objectives and to develop a plan to achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.								
b. Based upon information received during Pre-separation Counseling, do you desire assistance in developing your ITP? If yes, the Command Career Counselor is available to assist.								A sample ITP is available at http://www.staynavy.navy.mil/
SECTION V - REMARKS								
If Service member is completing this form less than 90 days prior to separation, an explanation is required. Use this section to document reason for non-compliance with 10 U.S.C. 1142. If unanticipated loss, so state. Give date of original notification of loss.								
Ensure a statement is made and initialed by service member that he/she has been advised to their eligibility to receive transition assistance services, which includes the U.S. Department of Labor TAP Workshop, for up to 180 days following separation. Separation from active duty will not be delayed for the sole purpose of attending a TAP Workshop. Service member has been advised he/she may receive transition services at any DoD installation hosting transition services.								
Attention Career Counselors								
Please have the following information when signing service members for TAP and fax this DD Form 2648 to the TAMP Office. Fax number is (850) 452-2868.								
Signature of <u>MEMBER</u> (Block 8) and Signature of <u>Career Counselor</u> (Block 9) and dates.								
Month Attending TAP _____.								
<ul style="list-style-type: none"> TAP Seminar month (e.g. MAR 02) Circle Retiring or Separating (RETIRING) (SEPARATING) Staying in Pensacola area? ____ YES ____ NO Is Spouse attending? ____ YES ____ NO Command: _____ Career Counselor's Name: _____ Phone # _____ Fax # _____ 								

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RETIREMENT/FLEET RESERVE CEREMONY CHECKLIST

Rate/Desig/Name:		Phone # (work/home):	Code:
Spouse's Full Name:	Yrs. Married:	Years of Service:	Sponsor's Name/Phone #:
Military or Former Military: Y or N		FLTRES Date:	
# of Children (Full Name & Age):		Ceremony Date/Time: D-DAY	Ceremony Location:
Forwarding Address:		Ceremony Uniform:	Ret. Invitation:
		Khaki - Whites - Chokers - Blues	Y/N: No:

COMMAND CAREER COUNSELOR RESPONSIBILITIES

Responsibility/(Timeline)	Member Desires	Action Completed	Responsibility/(Timeline)	Member Desires	Action Completed
Submit Photo Req (D-10)			MCPON Letter/Creed Req (D-60)		
Bullets, Bell, Carpet, Podium, Chairs, Flags, etc. (D-3)			Obtain CMC to Present MCPON Letter (D-60)		
Provide National Ensign (D-90)			Presidential Certificate (D-60)		
Prepare National Ensign Cert (If flag is flown in Saufley) (D-30)			Retirement/Fleet Reserve Certificate (D-60)		
Obtain a Chaplain (D-60)			Prepare Spouse LOA (D-30)		
Reserve Color Guard (D-60)			Prepare Ceremony Program (D-30)		
Prepare/Submit POW note (D-10)			Submit Photographer Req (D-30)		

CODE LCPO/SPONSOR RESPONSIBILITIES

Responsibility/(Timeline)	Member Desires	Action Completed	Responsibility/(Timeline)	Member Desires	Action Completed
Reserve ceremony location (D-60) (Gasebo, Conference Room, Base Theater, Hanger 807, Museum)			Obtain Shadowbox from SCPOA (provided mbr is in good standing) (D-90)		
End of Tour Award (D-120)			Flag Passing (D-60)		
Provide List of Duty Stations/Bio to CO (D-60)			Prepare location of ceremony (set up chairs, including music/mic/etc.) (D-1)		
Prepare/Submit NETPDTCT LOA (D-60)			Have National Ensign Flown) (D-90)		

RETIRING MEMBER'S RESPONSIBILITIES

Responsibility/(Timeline)	Member Desires	Action Completed	Responsibility/(Timeline)	Member Desires	Action Completed
Obtain a Presiding Officer/Guest Speaker (D-90)			Obtain a TAP quota. Provide CCC copy of DD Form 2648 (D-360)		
Obtain a Bell Ringer (D-90)			Obtain Sideboys (D-90)		
Provide information for ceremony program & list of past assignments (D-120)			CO/XO Interview within 10 working days of ceremony - NLT 72 hours prior to ceremony.		
Obtain a Master of Ceremonies (D-90)			Obtain a Boatswain's Mate (D-60)		
Invite CO as Presiding Officer (D-60)			Invite CO as Guest Speaker (D-60)		

NOTES:

Separatees

NAS PENSACOLA TRANSITION ASSISTANCE PROGRAM RECOMMENDED TIME MANAGEMENT



19 DEC 2003

<u>9-12 Months</u>	<u>6 Months</u>	<u>4 Months</u>	<u>3 Months</u>	<u>2 Months</u>
<input type="checkbox"/> Review wills & legal documents <input type="checkbox"/> Contact Veteran Service Officer (Bldg 625) for medical record screening if applying for VA Disability ¹ <input type="checkbox"/> Request medical records for prior periods of service, if applicable <input type="checkbox"/> Begin <i>networking!</i> <input type="checkbox"/> Explore new career paths/begin skills assessment <input type="checkbox"/> Begin draft of resume <input type="checkbox"/> If possible, visit new area (if relocating) <input type="checkbox"/> Schedule TAP Workshop	<input type="checkbox"/> Attend TAP Workshop <input type="checkbox"/> Notify PSD if you have a medical problem <input type="checkbox"/> Schedule dental exam. <input type="checkbox"/> Notify PSD 30 days prior to departure on travel leave/job hunting leave. <input type="checkbox"/> Develop list of potential employers <input type="checkbox"/> Contact executive placement service or headhunters, if appropriate. <input type="checkbox"/> Subscribe to Sunday paper for new area. <input type="checkbox"/> Consider affiliation with veteran service/community/fraternal organizations.	<input type="checkbox"/> Complete an audit of service record and update Page 4 (Enlisted), Page 13 (Officer) or equivalent for other service veterans. <input type="checkbox"/> Contact Navy Campus for Achievement or PSD to fill out the DD-295 (Application for Evaluation of Learning Experiences during Military Service). <input type="checkbox"/> Verify eligibility for "GI Bill" with Command Career Counselor. Ensure VA (1-800-427-1000) has correct information. <input type="checkbox"/> Contact Director of State Veterans Affairs in the state you plan on residing in to verify your benefits and enrollment procedures. Verify residency requirements. <input type="checkbox"/> Enroll in Defense Outplacement Referral System (DORS) and/or Public and Community Service (PACS) Registry at the FSC.	<input type="checkbox"/> Ensure blood work complete for sep. physical <input type="checkbox"/> Make copy of Service Record <input type="checkbox"/> Start 'shopping' for medical insurance and life insurance, if needed <input type="checkbox"/> Plan travel arrangements for interviewing at the 30 day mark. <input type="checkbox"/> Send out resumes <input type="checkbox"/> Respond to ads <input type="checkbox"/> Visit private & public employment agencies <input type="checkbox"/> <i>Continue networking!</i> <input type="checkbox"/> Utilize employment services at the Transition Assistance Office (Bldg 625) <input type="checkbox"/> Register with Job Service of FL <input type="checkbox"/> Rehearse interviews <input type="checkbox"/> Start civilian wardrobe	<input type="checkbox"/> Get info on shipment of household goods <input type="checkbox"/> Ensure allotments are correct <input type="checkbox"/> Notify housing if in govt. quarters <input type="checkbox"/> Ensure physical exam is complete <input type="checkbox"/> Make copy of medical/dental records for self and family members. Update shot records and make copies. <input type="checkbox"/> Obtain copy of your latest Advancement Profile sheet (enlisted only) <input type="checkbox"/> Members going on separation leave who plan to attend school should complete VA Form 22-1990 (Application for Education Benefits) and obtain authorizing signatures (CO or designee and ESO) in Part II to expedite application processing with the VA <input type="checkbox"/> Members going on separation leave ensure that the DD-214 is correct and signed. <input type="checkbox"/> <i>Continue networking!</i>
<input type="checkbox"/> Obtain & complete VA Form 21-526 w/supporting medical documents if requesting disability assessment <input type="checkbox"/> Initiate separation procedures with PSD	<input type="checkbox"/> Complete separation questionnaire <input type="checkbox"/> Update emergency data <input type="checkbox"/> Advise PSD of family members receiving medical care <input type="checkbox"/> Complete outprocessing <input type="checkbox"/> Visit new area for interviews <input type="checkbox"/> Update DORS with civilian address <input type="checkbox"/> Visit job fairs	<input type="checkbox"/> Ensure Page 13 (verifying you have either obtained or declined Transition Assistance services) is in service record - Obtain from Career Counselor or Transition Assistance Office. <input type="checkbox"/> Submit application for ID cards, if appropriate <input type="checkbox"/> <i>Continue networking!</i>	<input type="checkbox"/> Ensure DD-214 is complete, correct and signed by you and an authorizing official <input type="checkbox"/> Ensure ID Cards are correct for VSI, SSB or involuntary Separates <input type="checkbox"/> Report to VA Outpatient Clinic for evaluation if dental work not completed on active duty <input type="checkbox"/> Submit VA Form 21-526 for disability claim (if needed) <input type="checkbox"/> Decide on VGLI within this timeframe <input type="checkbox"/> Register DD-214 with County Courthouse	<input type="checkbox"/> Continue to check VA for benefit changes. <input type="checkbox"/> Continue to use employment services at the Transition Assistance Office (Bldg 625). <input type="checkbox"/> <i>Continue networking!</i>

Enclosure (6)
Please use this form as a guide only. Contact the appropriate agency (VA, PSD, Personal Property, etc.) for complete and current information.

¹ Preferably prior to final physical

19 DEC 2003

SPECIAL EVENTS/FACILITIES UTILIZATION REQUEST FORM
THIS FORM MUST BE SIGNED AND RETURNED TO CENTRAL BOOKING 30 DAYS PRIOR
TO THE SCHEDULED EVENT BEFORE YOUR REQUEST CAN BE APPROVED.

Date Requested: _____ Signature of Requestor: _____

REQUESTING ACTIVITY: _____

MILITARY SPONSOR: _____ / _____
Name Address Phone #

POINT OF CONTACT: _____ / _____
Name Address Phone #

TYPE OF FUNCTION: _____ ESTIMATED ATTENDANCE: _____

SPECIFIC AREA OF MUSEUM REQUESTED: Atrium _____ Flight Deck _____ Quarterdeck _____
West Pac _____ Sm. Theater _____ Cubi Café _____ IMAX _____ Radford _____

DATE: _____ TIME: from _____ to _____ SET UP TIME: from _____ to _____

PRACTICE :(when available) DATE: _____ TIME: from _____ to _____

DECORATIONS REQUESTING TO BE USED MUST BE LISTED FOR APPROVAL: _____

REQUEST FOR EQUIPMENT: Stanchions _____ Red Carpet _____ Bell _____ Chairs _____
Other: _____

SOUND SYSTEMS REQUIRED:
Full sound system _____ small portable podium _____ remote mike _____

TO BE CATERED BY :(their signature) _____

Event tentatively scheduled till signed by caterer and return to this office.

EVENING FUNCTIONS to include: Band _____ Dancing _____ Cocktail Party _____ IMAX Theater _____
Sit Down Dinner _____ Other _____

DO YOU DESIRE TO HAVE AN IMAX NIGHT MOVIE as part of your event: YES _____ No _____
(if **yes** special arrangements will be made and fees discussed.)

The NMNA Director or representative will approve or deny requests for official, semi-official, and /or social functions at the Museum. Approval is contingent upon guidelines stated herein. Exceptions must receive approval from the NMNA Director. Only those functions eligible to be held elsewhere on NAS Pensacola are eligible for consideration. A military sponsor (retired, active duty or reserve) is required to sign this form, acknowledging conditions and accepting responsibility for compliance. **** All facility, equipment, and service requirements should be listed herein. The Museum only ensures services and items, which are requested in writing on this form, once approved. Please read policy guidelines on reverse side. (Customer initial _____)**

_____ FOR MUSEUM USE _____

_____ APPROVED AS REQUESTED
_____ APPROVED AS NOTED
_____ DISAPPROVED

COMMENTS:

Security fee for museum security is _____ to be paid to the Caterer under a separate line item – to be reimbursed back to the museum.

NMNA 'SPECIAL EVENTS' POLICY AGREEMENT

POLICY GUIDELINES & REGULATIONS:

1. Tentative reservations to utilize museum facilities may be made through the Museum's Reservation Office at (850) 453-2025 . To confirm reservations, this form must be completed, signed by the caterer (if applicable) and by a military sponsor and returned to the Museum Reservations Office (located in lower IMAX offices) AT LEAST 30 days prior to the scheduled event for official approval. (Cust. int. _____)

2. The Blue Angel Atrium is the primary location for ceremonies and evening events. *Dancing will not be permitted on carpeted or tiled surfaces.* Portable dance floors must be rented for events held in the Atrium, which include dancing. Requests may be denied due to space limitations. (Cust. int. _____)

3. Events may not be held which by any interpretation serve as fund raisers. (Cust. int. _____)

4. Functions must not interfere with normal hours of operation, which are from 9:00 a.m. to 5:00 p.m. daily. Food and drink will not normally be served during the daytime operating hours. After hour functions will generally occur from 5:30 p.m. to 10:00 p.m. Staging time will not begin before 3:30 for night time events. (Cust. int. _____)

5. The following decorations are not permitted in the Museum:
No helium filled devices
No balloons or air filled devices
No candles or any form of open flame
No confetti or glitter
No rice, bird seed or throwable items ((Cust. int. _____)

6. The Museum has available on specific request the following: Stanchions, red carpet, podium, ceremonial bell, flags, chairs (up to 2,000), tables (up to 60, seating eight each) public address systems, speaker's platform, easels, trash receptacles and traditional military music – in the form of cassette tapes. Banners are not displayed for events, however appropriate signs may be placed on easels. (PA systems are available at all times in the Atrium and in the Flight Deck during evenings only. (Cust. int. _____)

7. Only the NAS Pensacola on-base caterers (Morale, Welfare and Recreation, or Naval Exchange) may cater or dispense food or drinks at the Museum. Exceptions may be made, as authorized by the Director, when MWR/NEX cannot provide catering service. (Cust. int. _____)

USER REQUIREMENTS/RESPONSIBILITIES:

8. Access to the museum for event guests, support personnel and equipment will be by designated prearranged access routes and points, to be defined by Museum Reservation Staff. (Cust. int. _____)

9. The requesting activity is responsible for setting up and breaking down all ceremonial and event equipment and for returning used areas to their original state of cleanliness and order immediately following the event. Failure to do so could result in monetary fees. (Cust. int. _____)

10. Users may be required to make arrangements for a security guard or guards and must provide their own signage to the event, if needed. (Cust. int. _____)

11. NASP Security assistance in controlling parking for large events is required. Requests for parking control is a sponsor responsibility. Requests for special parking arrangements should be directed to the Museum Reservation Staff. (Cust. int. _____)

12. Events may not be publicized in the media or promoted in print prior to official approval of this request form. (Cust. int. _____)

13. Guests will be restricted to designate event areas during evening functions and will be required to keep food and beverages within those areas. (Cust. int. _____)

14. Users will be required to reimburse the NAMF's cleaners for after hour events. Contact Museum Reservation Staff, (850) 453-2025. (Cust. int. _____)

15. Users will be required to reimburse the government for the cost of museum operation and security during after hour events. Reimbursement will normally be required for social events and for all events sponsored by other than active duty Navy organizations. This fee is based on the number of people and spaces required for the event and the number of security personnel required. (Cust. int. _____)

16. Users are to ensure that no food or beverages are brought into the museum without prior approval. (Cust. int. _____)

I ACKNOWLEDGE AND ACCEPT THE CONDITIONS AS SET FORTH IN THE POLICY STATEMENT. AND UNDERSTAND THE MUSEUM. RESERVES THE RIGHT TO CANCEL AN EVENT AT ANY GIVEN TIME.

Military Sponsor's Signature
(Name/Rank/Military Status)

Address/Phone and FAX Number (Please Print)